

CFP CERTIFICATION FORM

Registration Details

First Name _____ Middle Name _____ Last Name _____

FPSB India No. _____ NCFM No. _____

Update Contact Details

Kindly make sure you fill the contact details correctly. FPSB India will send all the important notifications relating to the CFP Certification Program to the details given below.

Email-id 1 _____ Email-id 2 _____

Mobile Phone _____ Resident No. _____ Business No. _____

Correspondence Address

Address _____

State _____

City _____

Pin Code _____

Permanent Address (Same as Correspondence Address)

Address _____

State _____

City _____

Pin Code _____

Update Education Details

Level of Education	Graduation/ PG Degree	Institute Name	Discipline/ Specialization	Year of Completion	Percentage%
Std X/SSC	_____	_____	_____	_____	_____
Std XII/HSC	_____	_____	_____	_____	_____
Graduation	_____	_____	_____	_____	_____
Post Graduation	_____	_____	_____	_____	_____

Kindly attach the highest level of Education Certificate while submitting the Form to EP

Update Current Employment Details

I am a Corporate Employee

Name of the Organization _____

Designation _____

Sector/Industry (Tick any one)

Insurance Financial Advisory/Planning AMC
 Equity Broking Distribution Houses Banking

Others _____

Total Number of Work Experience:

I am Self-employed

Name of the Organization _____

Designation _____

Product/Services Offered (Tick whichever applicable)

Mutual Fund Life Insurance Stock Broking
 Tax Advisory General Insurance Banking Products

Others _____

Total Number of Work Experience:

Professional Qualifications

Kindly select the qualification attained by you under which you:

- Chartered Accountant (CA) from Institute of Chartered Accountants of India (ICAI)
- Chartered Financial Analyst (CFA) from CFA Institute, USA
- Cost Accountant (ICWA) from the Institute of Cost and Works Accountants of India (ICWAI)
- Certified Associate of Indian Institute of Bankers (CAIIB)
- PhD./ M.Phil in Economics, Econometrics, Statistics, Commerce, Mathematics, Finance, Management, Financial Planning/ Advising, Investment (or any other similar discipline)
- Post Graduate in Economics, Econometrics, Statistics, Commerce, Mathematics, Finance, Management Financial Planning/ Advising, Investment (or any other similar discipline)
- LLB (Law) or equivalent
- Licentiate/Associate/ Fellowship of Life Insurance from Insurance Institute of India
- Actuary from Institute of Actuaries of India
- Civil Service Examinations by Union Public Service Commission (UPSC)
- Company Secretary from Institute of Company Secretaries of India.
- Fellow, Financial Services Institute (FFSI) / Fellow, Life Management Institute (FLMI) from LOMA

Additional Certifications

- AMFI IRDA Other Certifications _____

Qualifying Work Experience

Enter your current employment details the first row and previous employment details in the following rows chronologically.

Nature of Employment (Corporate or Self-employed)	Name of the Organization	Designation	No. of Months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Kindly enter details of your work experience which qualifies (minimum 6 years for 12th pass and 3 years for graduates) for applying for CFP Certification and attach the attested photocopy of the experience certificate while submitting the Form.

Public Profile

FPSB India publishes the profiles of CFP Certificants on its website's CFP Directory Section to order assist Financial Consumers to approach and select a Certified Financial Planner to avail Financial Planning services. Kindly mention a brief profile of yours not exceeding more than 250 words. (only the first 250 words will be considered if the profile exceeds the word limitation). Profile may include professional background, experience, expertise, services provided and website details.

- Yes, I want my profile to be made public on the FPSB India Website
- I do not want the Mobile Number to be displayed in the public profile
- I do not want the Email Id to be displayed in the public profile

Personal Declaration

1. The applicant meets all eligibility requirements for certification & membership with FPSB India.
2. In the past ten years, the applicant has been (check yes or no):
Yes No.
- a. The subject of disciplinary proceedings within any other statutory/professional body or association.
- b. Convicted of an offence in relation to dishonesty, misappropriation or fraud
- c. An insolvent under law.
- d. The subject of a claim made in relation to professional indemnity insurance.
- e. Refused professional indemnity insurance cover
- f. Engaged in unethical conduct prejudicial to the interests of the FPSB India.
3. The applicant agrees to abide by FPSB India's Code of Ethics and Rules of Professional Conduct and the constitution as amended from time to time.
4. The applicant agrees to pay the prescribed fees as notified by FPSB India from time to time towards Certification & Renewal.

Payment Details

Kindly note payment once made is non-refundable and non-transferable. Candidates opting to pay using Demand Draft need to attach the demand draft while submitting the Form to FPSB India.

Credit Card

Please charge my Credit Card  

for Rupees Five Thousand only (Rs. 5000/-)*

Card member's name _____

Card No. _____

Card Expiry Date _____

*(Processing Fee of 2.5% will be added for credit card payments)

Signature _____

Demand Draft (DD)

Please find enclosed DD (payable at Mumbai) of Rs. 5000/- favouring "Financial Planning Standards Board India"

DD Number _____

DD Date _____

City/Branch Name _____

Declaration

I shall submit the following documents to FPSB India within 15 days from today failing which I understand that my application for CFP Certification will not be considered by FPSB India.

- Duly filled CFP Certification Application Form
- Education Passing Certificate (Attested)
- Work Experience Certificate (Attested)
- Demand Draft (if opted for in the Payment Option above)
- Professional Qualifications Certificate if applicable (Attested)
- Special Declaration Form filled by Recommending Authority

(Note: All the attestations as mentioned above are to be attested by a Gazetted Officer if Self Employed or by the Head of HRD of current employer if Employed.)

I certify that the above information provided by me is true and correct to the best of my knowledge, information and belief. I also agree to adhere to FPSB India guidelines and instructions. I accept that all decisions pertaining to the Education, Examination & Certification shall be final and binding on me.

Name _____

Place _____ Date _____

Signature _____

Self Declaration

A.I understand that permission to use the certification marks CFP^{CM}, "CERTIFIED FINANCIAL PLANNER^{CM}" and CFP Flame logo is valid for a period one year. At the end of such a period, if the certification is not renewed, the certification expires and any right to use the marks will terminate. If I fail to comply with the requirements to renew my certification, I agree to cease use of the marks immediately. I understand that FPSB & FPSB India may relinquish any rights I may have in the use of its marks if I fail to maintain current certification status.

B.I have read and understood FPSB India's Code of Ethics and Professional Responsibility as well as the Disciplinary Rules and Procedures. I acknowledge that the Code of Ethics requires compliance with all rules and policies of FPSB & FPSB India which includes, but is not limited to, Financial Planning Practice Standards and the Guide to Use of the CFP Marks. I agree to adhere to the provisions of those documents as they presently exist and as they may be amended from time to time.

C.I further understand and agree that FPSB or FPSB India has the absolute and unrestricted right to revoke any rights I may have to use its marks CFP^{CM}, "CERTIFIED FINANCIAL PLANNER^{CM}" and CFP Flame Logo if it finds that I have failed to comply with FPSB India's Code of Ethics and Professional Responsibility or Disciplinary Rules and Procedures or Financial Planning Practice Standards.

D.In consideration of the certification granted hereby, I further agree that none of FPSB, FPSB India or their directors, officers, employees and others acting on their behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I hereby release FPSB, FPSB India and the other persons identified above from any liability for such actions or omissions.

E.I affirm that I have read carefully and understand the items set forth in this statement, including the release of liability, and the items in the preceding sections of this form. I further affirm that my statements (including attachments) are true and complete to the best of my knowledge and freely given.

Name _____

Place _____ Date _____